



ATTORNEY DOCKET NO. 14014.0346U1
APPLICATION NO. 09/762,538

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
EGAN *et al.*) Art Unit: 1646
Application No. 09/762,538) Examiner: Jiang, Dong
Filing Date: July 19, 2001) Confirmation No. 5705
For: DIFFERENTIATION OF NON-INSULIN)
PRODUCING CELLS INTO INSULIN)
PRODUCING CELLS BY GLP-1 OR)
EXTENDIN-4 AND USES THEREOF)

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 36339

March 25, 2005

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input type="checkbox"/> Preliminary Amendment	<input checked="" type="checkbox"/> Petition to Extend Time
<input checked="" type="checkbox"/> Fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> No Additional Fee Required	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Corrected Drawings	<input type="checkbox"/> Other _____

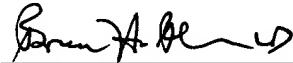
CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	46	52	0	X \$50.00		\$0.00
Independent Claims	14	13	1	X \$200.00		\$200.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input checked="" type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$1020.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$
TOTAL FEE DUE						\$1220.00

ATTORNEY DOCKET NO. 14014.0346U1
09/762,538

Payment:

- A check in the amount of \$_____ is enclosed.
- Payment by credit card in the amount of \$1220.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

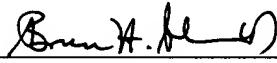
NEEDLE & ROSENBERG, P.C.

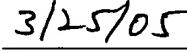

Bruce H. Becker, M.D., J.D.
Registration No. 48,884

NEEDLE & ROSENBERG, P.C.
Customer Number 36339
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendments, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.


Bruce H. Becker, M.D., J.D.


Date